04-30-68

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee postifications. maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must

				have its own certificate of mailing or transmission.					
	JONES DAY 222 EAST 41ST S NEW YORK, NY		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
05/	102/2008 WABDELR3 000	2/2008 WABDELR3 00000002 503013 10765792			(Depositor's name)				
								(Signature)	
	FC:1504 300.0		<u> </u>				(Date)		
	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMA		CONFIRMATION NO.	
	10/765,792 01/26/2004			Michael A. Zeligs		9439-016 2485			
	TITLE OF INVENTION: PHYTOCHEMICALS FOR TREATMENT OF MASTALGIA AND ENDOMETRIOSIS								
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	e fee	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES	\$720	\$300	\$0		\$1020	04/30/2008	
	EXAMINER		ART UNIT	CLASS-SUBCLASS					
	EBRAHIM, NABILA G		1618	514-419000					
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO (A) NAME OF ASSIGNEE			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
				•					
	BioResponse L.L			Boulder, Colorado 80302					
	Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government								
	4a. The following fee(s) are submitted:  X Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form).					
	5. Change in Entity State  a. Applicant claims	SMALL ENTITY state	is. See 37 CFR 1.27.		b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
	NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.								
	Authorized Signature Linux E Friebel  Thomas E Friebel  Date April 29, 2008								
	Typed or printed name								



Express Mail No. <u>EV654847042US</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Michael A. Zeligs Confirmation No.: 2485

Serial No.: 10/765,792 Art Unit: 1618

Filed: January 26, 2004 Examiner: Ebrahim, Nabila G.

For: PHYTOCHEMICALS FOR THE Attorney Docket No.: 9439-016-999

TREATMENT OF MASTALGIA

AND ENDOMETRIOSIS

## SUBMISSION OF ISSUE FEE

Mail Stop: ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance and Fee(s) Due mailed by the United States Patent and Trademark Office on January 31, 2008 in connection with the above-identified application, Applicants respectfully submit the Fee(s) Transmittal Form PTOL-85 due in connection with the instant application. The amount of \$1020.00 is authorized to be charged to the Jones Day Deposit Account No. 50-3013 to cover the \$720.00 issue fee and the \$300.00 publication fee.

The Commissioner is authorized to charge any additional fees that may be due in connection with this paper, to Jones Day Deposit Account No. 50-3013. A duplicate of this sheet is enclosed.

Respectfully submitted,

Thomas E. Friebel

JONES DAY

222 East 41st Street

New York, New York 10017

(212) 326-3939

Enclosure

Date:

Form PTOL-85B

April 29, 2008